

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: IMPLANTABLE MEDICAL DEVICE AND
METHOD FOR IN SITU SELECTIVE
MODULATION OF AGENT DELIVERY

Attorney Docket Number:: 032304-114

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 1

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: F.
Family Name:: Shanley
Name Suffix::
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 401 Camberly Way
City of Mailing Address:: Redwood City
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 94061

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Theodore
Middle Name:: L.
Family Name:: Parker
Name Suffix::
City of Residence:: Danville
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 634 Dunhill Drive

City of Mailing Address:: Danville
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 94506

Correspondence Information

Correspondence Customer Number:: 21839
Phone Number:: (650) 622-2300
Fax Number:: (650) 622-2499

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Claims priority to	Provisional Application No.	60/458,906	3/28/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name:: Conor Medsystems, Inc.
Street of Mailing Address:: 1003 Hamilton Court
City of Mailing Address:: Menlo Park
State or Province of Mailing Address:: CA
Country of Mailing Address:: US
Postal or Zip Code of Mailing
Address:: 94025

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